

NAVMEDCOM INSTRUCTION 6320.12

From: Commander, Naval Medical Command
To: All Ships and Stations

Subj: TRANSFER OF PATIENTS OF THE NAVAL SERVICE TO VETERANS ADMINISTRATION FACILITIES

Ref: (a) Public Law 96-22, Veterans Health Care Amendments of 1979 (NOTAL)
(b) Memorandum of Understanding Between the Department of Defense and the Veterans Administration, Referral of Active Duty Patients to Veterans Administration Medical Facilities (Except for Locally Negotiated Agreements) of 10 Jun 1986 (NOTAL)
(c) Assistant Secretary of Defense (Health Affairs) (ASD(HA)) memo of 5 July 1985, Use of the Veterans Administration for Rehabilitation of Blind Active Duty Personnel (NOTAL)
(d) Public Law 93-82, Veterans' Health Care Expansion Act of 1973 (NOTAL)
(e) Public Law 96-342, Department of Defense Authorization Act, 1981 (NOTAL)
(f) SECNAVINST 1850.4A (NOTAL)
(g) NAVMEDCOMINST 6320.3A
(h) JAGINST 5800.7B
(i) MANMED, Chap. 18
(j) OPNAVINST 1000.23A (NOTAL)
(k) NAVMEDCOMINST 6320.1
(l) BUMEDINST 6320.1D
(m) Joint Federal Travel Regulations, U7252-B (NOTAL)
(n) OPNAVINST 4630.9C
(o) Marine Corps Order 6320.2C (NOTAL)
(p) MILPERSMAN 3860360

Encl: (1) Administrative procedures
(2) Veterans Administration spinal cord injury centers
(3) Geographic Naval Medical Regions and Areas of Responsibility

1. Purpose. To prescribe regulations governing the transfer of naval members to all Veterans Administration (VA) treatment facilities, VA blind rehabilitation centers and clinics, and to VA-designated community nursing homes. References (a) through (p) provide additional guidance in related areas of patient management. This instruction is a complete revision and should be read in its entirety. Symbols to denote deleted, revised, or added paragraphs are not reflected.

2. Cancellation. BUMEDINST 6320.11D.

3. Background

a. Active Duty Members

(1) Reference (a) placed restrictions on the transferring of active duty personnel to VA facilities for treatment and rehabilitation of alcohol/drug dependency or drug abuse disability. These restrictions are included in paragraph 5 of enclosure (1).

(2) Reference (b) established guidelines for expediting the movement of spinal cord injured (SCI) active duty members to VA spinal cord injury centers (paragraph 2 of enclosure (1)). Reference (b) also provides guidelines for movement to VA of members with head injuries. Guidelines for their movement are in paragraph 3 of enclosure (1).

(3) References (b) and (c) directed the uniformed services to incorporate the use of the VA blind rehabilitation program in treating blind servicemembers. Provisions on gaining acceptance in a program are included in paragraph 4 of enclosure (1).

(4) When active duty members are receiving care from VA for spinal cord injuries, head injuries, or blindness, reference (b) also requires the uniformed services to provide assistance to the VA in the VA's conduct and preparation of medical boards.

b. Retired Members. Executive Order 10122 as amended, authorizes members of the military service retired for disability to elect care in a VA facility or, subject to availability of space, facilities, and capabilities of the professional staff, elect care in an Armed Forces facility. Armed Forces medical facilities are neither staffed nor equipped to provide initial and long term care for SCI patients and patients with severe head injuries. Such patients must not be allowed to elect care in an Armed Forces facility to the detriment of their condition.

c. Active Duty and Retired Members to VA-Designated Community Nursing Homes. Reference (d) provides that, in certain instances, patients may be placed directly from an Armed Forces treatment facility into a VA-designated community nursing home. This disposition may be made for any member being provided care in an Armed Forces treatment facility, if the Secretary concerned has determined that the member:

(1) Will qualify as a veteran. Section 1002 of reference (e) established the principle that such individuals must have completed 24 months of active service or have a qualified rating established by the Central Physical Evaluation Board (CPEB).

(2) Has received the maximum benefits of hospitalization but requires at least 30 days of nursing home type care.

4. Policies

a. Rapid Processing by Uniformed Services Medical Treatment Facilities

(1) Patients Other Than Those With Spinal Cord Injuries, Head Injuries, and Those Requiring Blind Rehabilitation. Immediate transfer to a VA medical center (VAMC) is medically indicated when it becomes apparent that a member's condition is such that: (a) return to duty is unlikely, (b) continued hospitalization is required, and (c) the patient is transportable. Active duty members who agree to rapid processing (via waiving rights to a full and fair hearing before a physical evaluation board (PEB)) may be processed for physical disability retirement prior to attaining optimum hospital benefits in a uniformed services medical treatment facility (USMTF). Within the first 10 days after (a), (b), and (c) become obvious, the attending physician must inform the hospital commanding officer, who will immediately take the action required by reference (f), subparagraph 0603e. This action assures that members entitled to benefits under the provisions of chapter 61 of 10 United States Code are expeditiously processed for severance pay for physical disability, for transfer to the Temporary Disability Retired List (TDRL), or permanently retired for physical disability, either while in a USMTF or while in a VA facility.

(a) Reference (f), subparagraph 0603e(3) states that subject to the availability of space, facilities, and capabilities of the professional staff, hospital commanding officers (COs) may approve requests from members for retention in a service hospital until optimum improvement in a USMTF has been achieved. This is not applicable to the initial care of SCI patients and patients with severe head injuries, and those requiring blind rehabilitation.

(b) Reference (f), subparagraph 0603e(4) states that when the member, after counseling, declines special (rapid) processing and thus immediate transfer to VA, such member shall be processed routinely. Such a member should be asked to sign a statement to that effect, and the statement made a part of the member's inpatient record. The long-term patient roster, paragraph A-4t of reference (g), is maintained to enable COs and staff personnel to monitor such patients.

(c) Upon receipt of a qualified rating from the CPEB, immediately process for transfer to a VA facility or VA-designated community nursing home any competent member requiring custodial care or rehabilitative therapy due to other than spinal cord injury (e.g., loss of hearing or limb(s); loss of the use of limb(s); or any other incapacitating condition such as a psychiatric condition), who also fits the criteria outlined in paragraph 4a.

(d) When there is a shortage of beds, and medical board documentation and other required documents have been received by the CPEB, USMTF COs may submit requests to COMNAVMEDCOM (MEDCOM 33) for permission of the Director, Naval Council of Personnel Boards, to transfer incompetent/incapacitated patients to a VA facility prior to receipt of preliminary findings from the CPEB. Such requests must include sufficient information to justify an exception to subparagraph (c). The Naval Council of Personnel Boards (NCPB) and Commander, Naval Military Personnel Command (COMNAV-MILPERSCOM) or Commandant of the Marine Corps (CMC), as appropriate, shall be information addressees. Coordination with Fiduciary Affairs, Navy Judge Advocate General (NAVJAG) (reference (h), chapter 15) should be accomplished at the earliest possible time to commence proceedings for appointment of a trustee. This requirement is in addition to the medical board procedures required by reference (i).

(2) Patients With Spinal Cord Injuries, Head Injuries, and Those Requiring Blind Rehabilitation. Transfer of these members shall not be delayed pending completion of a line of duty (LOD) investigation or a medical board report.

(a) Spinal Cord Injury Patients. Any member sustaining apparent severe damage to the spinal cord shall be transferred to the VA spinal cord injury center (enclosure (2)), with space and capabilities, nearest the patient's selected place of residence. See Paragraph 2 of enclosure (1) for transferring procedures.

(b) Head Injury Patients. Any member sustaining apparent severe injury to the head shall receive expedited transfer to a VAMC per paragraph 3 of enclosure (1).

(c) Blind Rehabilitation. Paragraph 4 of enclosure (1) provides guidance for transferring members to VA blind rehabilitation centers or clinics.

b. Termination of Active Service. Members whose active service is ultimately terminated while hospitalized in a VA facility or in a VA-designated community nursing home will receive appropriate orders and will be entitled to travel and transportation allowances in the same manner as though terminated at a uniformed services duty station as prescribed by Joint Travel Regulations.

5. Action

a. Transfer of Patients

(1) COs of naval MTFs (NMTF) must ensure indoctrination of professional and administrative personnel in the areas of law and departmental policy discussed in this

instruction. Directorates of clinical services and attending physicians must be familiar with the purpose and requirements of this instruction, the implementation of which requires appreciation of the probability that certain patients will not be returning to duty. In effecting the transfer of patients to VA facilities or VA-designated community nursing homes, the administrative procedures in enclosure (1) must be followed.

(2) Officers in charge of personnel support detachments (PERSUPDET) are responsible for accomplishing the personnel related functions as delineated in reference (j).

b. Liaison Responsibilities

(1) **Administrative or Personnel Support Activities.** The activity outlined in paragraph 6d of enclosure (1), having administrative or personnel support responsibility for active duty Navy and Marine Corps patients, maintains liaison and makes necessary arrangements with VA to ensure prompt reporting of changes in status or physical condition of patients awaiting completion of separation processing. These activities are also required to report this information to the patient's next of kin (NOK) and to the Department of the Navy per paragraph 6 of enclosure (1).

(2) **Naval Medical Treatment Facilities.** To assure that patients are reported to proper authorities, reduce the possibility of patients feeling they have been abandoned, and prevent patients from becoming lost in either the VA system or in the civilian treatment system, patient administration officers of transferring facilities shall:

(a) Notify the cognizant office of medical affairs (OMA) listed in references (g) and (k), COMNAVMECOM (MEDCOM-33), and the receiving VA facility or VA-designated community nursing home of the departure and arrival time and mode of transportation as required by reference (1).

(b) Provide the following information to: the OMA responsible for overseeing care or rehabilitation at

the receiving facility; the geographic naval medical command (GEOCOM) in enclosure (3) in whose area of responsibility the transferring NMTF is located; and to the GEOCOM in whose area the receiving VA facility is located.

1. Member's name, grade/rate, and social security number.

2. Diagnosis. Include any special requirements the member may need upon arrival.

3. Whether member is being processed for separation from active duty. If yes, type and character of discharge and effective date.

4. Command with administrative cognizance and location of member's personnel, finance, health, and dental records.

5. Whether medical board procedures have been initiated. If yes, provide status. If no, provide opinion on whether one is needed. If applicable, provide CPEB-recommended findings and whether such findings have been accepted by member.

6. Whether member is competent or incompetent/incapacitated. If competent or incompetent/incapacitated, name, address, and telephone number (include area code) of next of kin. If incompetent/incapacitated, also include name, relationship, address, and telephone number (include area code) of trustee.

7. Status of line of duty (LOD) investigation if applicable.

8. Date of transfer from NMTF and expected date of arrival at VA facility.

6. Forms and Report

a. Forms

(1) The following are available through normal supply channels per NAVSUP P2002:

<u>Form No.</u>	<u>Title</u>	<u>Stock No.</u>
DD Form 214	Certificate of Release or Discharge from Active Duty (Rev. 7-79)	0102-LF-000-2140
NAVMECOM 6100/1	Medical Board Report Cover Sheet (Rev. 10-83)	0105-LF-206-1005
NAVMECOM 6300/5	Inpatient Admission/Disposition Record (Rev. 9-85)	0105-LF-206-3025

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(2) DD Form 675, Receipt for Records and Patient's Property (Rev. 10-74), is available from COMNAVMEDCOM (MEDCOM-33).

(3) The following forms are available from the Federal Supply System under the National Stock Numbers indicated:

<u>Form No.</u>	<u>Title</u>	<u>National Stock No.</u>
SF 502	Medical Record - Narrative Summary (Clinical Resume) (Rev. 3-79)	7540-00-634-4115
SF 509	Medical Record - Progress Notes (Rev. 11-77)	7540-00-634-4122
SF 510	Clinical Record - Nursing Notes (Rev. 10-75)	7540-00-634-4123

(4) When required, the following will be provided by the cognizant VA facility:

<u>Form No.</u>	<u>Title</u>
VA Form 07-4582	Button and String Envelope
VA Form 10-10	Application for Medical Benefits
VA Form 10-10m	Medical Certificate and History
VA Form 10-1204	Referral for Community Nursing Home Care
VA Form 21-526	Veterans Application for Compensation or Pension
VA Form 21-534	Application for Dependency and Indemnity Compensation by Widow or Child
VA Form 21-535	Application for Dependency and Indemnity Compensation by Parent

b. Report. The after-the-fact message report required in paragraph 2a(4) of enclosure (1) shall be made situationally to the Armed Services Medical Regulating Office (ASMRO). This reporting require-

ment is exempt per OPNAVINST 5214.7, part IV-7, paragraph 8.

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ADMINISTRATIVE PROCEDURES

1. General. When a naval member requires transfer from either a naval MTF or a civilian facility to a VA treatment facility, VA blind rehabilitation center or clinic, VA SCI center, (hereafter referred to collectively as VA facility) or to a VA designated community nursing home, the following apply.

a. Per reference (m), an attendant may be designated to accompany a member patient incapable of traveling alone.

b. Per reference (b), upon acceptance of a patient for treatment, by agreement the VA will:

(1) Render the full range of treatment and rehabilitative services available at the accepting VA facility to all active duty members. Acceptance of such patients shall not adversely affect the range of services, the quality of care, or the priorities for care established by law for all VA beneficiaries.

(2) Arrange and be responsible for providing local ground transportation of active duty members to VA facilities from local airfields when patients are transferred directly from an overseas USMTF or when specifically requested by a uniformed services medical authority.

(3) Provide immediate notification to the appropriate office of medical affairs (OMA) when an active duty member is admitted.

(4) Conduct and process medical boards for spinal cord injury, head injury, and blind rehabilitation patients when requested by the military authority having cognizance over the member.

(5) Provide notification to the appropriate OMA when a member, still on active duty, is to be released from a VA treatment or rehabilitation program.

c. Per reference (a), provide care as specified in paragraph 5 for members accepted for treatment of alcohol and drug dependency or drug abuse disability.

2. Spinal Cord Injury Patients. The VA has agreed to accept any SCI patient at any time evacuation or transfer can be effected to an SCI center. The goal is to effect transfer in 3 days (4 days from overseas). Enclosure (2) is a list of SCI centers that focus attention on total care of patients, beginning with the immediately acute and continuing through psychological and sociological

Enclosure (1)

rehabilitation. The following administrative procedures are applicable to active duty naval members with spinal cord injuries.

a. In Naval Medical Facilities. A CO with an SCI active duty patient eligible for VA transfer shall:

(1) Coordinate the transfer to the closest SCI center to the patient's selected place of residence. ASMRO or a Joint Medical Regulating Office (JMRO) will provide assistance as necessary.

(2) Establish personal contact with SCI center counterparts (physicians and admission section) at telephone numbers in enclosure (2) to make arrangements for each patient. If needed, request the VA to arrange for local ground transportation upon arrival of member.

(3) When movement is to be via the Air Force aeromedical evacuation system and the attending physician determines that the patient is classified as urgent or priority, coordinate as appropriate directly with either:

(a) The 57th Aeromedical Evacuation Squadron (AES), Patient Airlift Center, Scott AFB, IL on AUTOVON 576-4936 or commercial (618) 256-4936. The 57th AES controls missions in the continental United States (CONUS), strategic missions between CONUS and near offshore areas (including Alaska, South America, Central America, and the Caribbean region), and strategic missions between CONUS, Europe, and the Pacific, in coordination with the 2nd and 9th AESs.

(b) The 2nd AES, Rhine-Main Air Base, Germany for patients in the European region, including Europe, Africa, the Middle East, and to the western border of Iran and strategic missions originating from Europe to CONUS in coordination with the 57th AES.

(c) The 9th AES, Clark Air Base, Republic of the Philippines for patients in the Pacific theater, including the Pacific and Asia from the west coast of the United States to the eastern border of Iran, and strategic missions originating from the Pacific to CONUS, in coordination with the 57th AES.

(4) Submit an after-the-fact report by message to ASMRO within 48 hours if movement is by means other than Air Force aeromedical evacuation system and the transfer was urgent or priority.

(5) MTFs will report routine transfers to ASMRO. Those located in areas where CONUS VA beds must be requested through a JMRO must coordinate routine SCI center transfers with the JMRO, not directly with ASMRO. Arrangements for patient movement shall be made with the appropriate transportation agency.

(6) Effect immediate transfer, without regard to holidays or weekends, when an SCI patient is ready for transfer. COMNAVMED COM provides a 24-hour a day point of contact for resolution of problems. For assistance during working hours - AUTOVON 294-1081, commercial (202) 653-1081. After working hours - AUTOVON 294-1327, commercial (202) 653-1327.

(7) Prepare a cover letter to the Director, Naval Council of Personnel Boards, 801 Randolph Street, Arlington, VA 22203 to include the name and address of the command responsible for the Judge Advocate General (JAG) investigation and the name and address of the SCI center to which the member has been transferred. The cover letter shall be sent together with the original and two copies of the medical board, a copy of the clinical record, and a copy of the Health Record.

(8) SCI patients being transferred from naval MTFs outside the contiguous 48 United States will receive emergency aeromedical evacuation (reference (n)), to the extent possible, directly to the VAMC without passing through an intervening military hospital in the contiguous 48 United States. When it is necessary to transfer such a patient to a military hospital, provisions shall be made for immediate movement to the VAMC and, except under extenuating circumstances, the patient shall not be admitted to the military medical facility.

(9) When circumstances permit, prepare a NAVMED 6100/1, Medical Board Report Cover Sheet, per reference (i), and use a copy of the member's current transfer narrative summary as the narrative for the medical board report. Otherwise, request the VA conduct and process a medical board.

b. In Nonnaval Facilities. When an SCI active duty member is in a nonnaval or civilian medical facility and requires immediate transfer to an SCI center, the commander of the GEOCOM in whose area the patient is located shall comply with the provisions of reference (1) and paragraph 2a. This includes ensuring that all medical board or special board procedures are initiated expeditiously per reference (i).

3. Head Injury Patients. Under reference (b), VAMCs have agreed to accept active duty members with head injuries. Their movement to appropriate VA facilities shall be expedited the same as patients transferred to VA SCI centers. Accordingly, the provisions of paragraphs 2a and 2b apply to such members. In coordinating their movement, assure that such patients are identified as "head injury patients" to be moved to a VAMC rather than SCI patients being moved to SCI centers.

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4. Blind Rehabilitation Patients. Before a blind active duty member has received the maximum benefits of hospitalization in an NMTF, patient administration personnel shall contact one of the following and ask for the Visual Impairment Services (VIS) coordinator. The VIS coordinator has responsibility for establishing eligibility, assessing the member's needs, and preparing/forwarding applications for admission to an appropriate program at a VAMC, outpatient clinic, or residential rehabilitation center. The commander of the GEOCOM (through the office of medical affairs (OMA)) in whose area of responsibility a blind member is receiving non-naval care shall coordinate movement (including local ground transportation) with the VIS coordinator if the member is to be moved directly to VA for rehabilitation.

a. Eastern Blind Rehabilitation Center/124
VA Medical Center
West Haven, CT 06516
(C) (203) 932-5711

b. Blind Rehabilitation Clinic/127G
VA Medical Center
North Main Street
Northampton, MA 01060
(C) (203) 584-4040

5. Alcohol/Drug Dependency or Drug Abuse Disability. When a determination has been made by the Secretary concerned that an active duty member has an alcohol dependency, drug dependency, or drug abuse disability, and if treatment and rehabilitative services are to be rendered at a VA facility under such terms as may be agreed upon by the Secretary and the Administrator of Veterans Affairs (Administrator), the following guidelines are applicable:

a. Such members may not be transferred for the Administrator to furnish care or treatment and rehabilitative services unless:

(1) Such transfer is during the last 30 days of a member's enlistment period or tour of duty. Care and services for such a member shall be provided as if the member were a veteran.

(2) Such member requests the transfer in writing for a specified period of time during the last 30 days of his or her enlistment period or tour of duty. No person transferred under such a request may be furnished care and services by the Administrator beyond the period of time specified in the request, unless that individual makes a written request for an extension for a specified period of time and the request is approved by the Administrator. An extension approval may follow for individuals who will qualify as veterans eligible for VA medical care after discharge or release from active duty.

b. The procedures in paragraph 6 are applicable to these members except that:

(1) There is no requirement for the member to appear before a medical board or physical evaluation board.

(2) Prior to the member's transfer, a complete separation physical examination must be completed as well as civilian readjustment counseling and other personnel functions.

(3) On receipt of ASMRO authorization, and prior to initiation of arrangements for movement via the aeromedical evacuation system, the member's CO shall be advised of the designated VA facility and requested to furnish appropriate transfer orders.

(4) Acceptance of these referred members for up to 30 days of drug or alcohol dependence medical care will not be denied solely because such members will receive an "Other than Honorable" or "Dishonorable" discharge or because such members failed to serve either at least 2 years of an original enlistment or the obligated period of service.

6. Other Active Duty Members. Except for SCI patients, head injury patients, patients requiring blind rehabilitation, and alcohol/drug dependency or drug abuse disability patients, COs of NMTFs with patients who are to be transferred to VA shall order such members before a medical board at the earliest practicable date. These patients may not be transferred to a VA facility until the findings of the CPEB have been received and accepted by the member or by the individual acting as trustee of an incompetent member. Premature transfer of these members has caused delays in disability proceedings. Additionally, when a member is placed in an outpatient status by a VAMC, the delivery of CPEB findings is often delayed. See paragraph 4a(1)(d) of the basic instruction relative to special procedures for handling incompetent members under special circumstances. Routine regulating through ASMRO of active duty members to VA shall be accomplished per chapter 4 of reference (1).

a. Community Nursing Home. When a member has received the maximum benefits of hospitalization in a USMTF but requires a minimum of 30 days of nursing home type care, the Assistant Secretary of the Navy for Manpower, Reserve Affairs and Logistics (ASN (MRA&L)) has the authority to approve transfers to VA designated community nursing homes and respond to all appropriate commands regarding the decision. Inasmuch as COMNAVMECOM has the responsibility of making recommendations directly to ASN (MRA&L), submit a message to COMNAVMECOM on the individual, referencing this instruction, and containing the following.

(1) Name, grade/rate, and social security number.

(2) Diagnosis(es).

(3) Expected length of nursing home care.

(4) Current status of member's retirement or separation processing.

(5) Any other information considered pertinent.

b. ASMRO Designation. Upon receipt of approval from ASN (MRA&L), naval MTFs shall submit a message to ASMRO for a bed designation. The member shall be processed per the provisions of this instruction.

c. Transferring Requirements. Upon receipt of bed designation from ASMRO, and after the recommended findings of CPEB have been accepted by the member, the following actions are required:

(1) Navy Officer Patients. Transfer orders, containing the bed availability date, will be issued by COMNAVMILPERSCOM (NMPC-474).

(2) Navy Enlisted Patients. The CO of the MTF will supply the bed designation information to the PERSUPPDET providing personnel support to the MTF. The PERSUPPDET will issue appropriate transfer orders, containing the bed availability date, citing this instruction as authority. Furnish copies of these orders to COMNAVMILPERSCOM (NMPC-24/NMPC-23).

(3) Marine Corps Patients. The CO of the MTF will provide the bed designation information to the Marine Corps activity providing administrative support to the patient (see reference (o)). When this notification has been made, the holding MTF may effect movement of the patient to the designated VA facility or VA designated community nursing home. The Marine Corps activity providing administrative support will issue appropriate transfer orders, containing the bed availability date, citing this instruction as authority. These orders will direct transfer of administrative responsibility to the appropriate activity designated in reference (o). Furnish copies of these orders to the Commandant of the Marine Corps (Codes MSRB, MMEA, and MMSR).

(4) Household Effects and Dependent Travel. If otherwise entitled thereto, the transfer order directing transfer of the member constitutes authority for travel of dependents and transportation of household effects the same as any other orders for a permanent change of duty station.

d. Administrative and Personnel Support

(1) Transferring Facility

(a) Navy and Marine Corps Members. Immediately prior to transfer, the transferring activity, in conjunction with the PERSUPPDET or the Marine Corps activity providing administrative support, shall accomplish preliminary processing for release of the member from active duty, including: civilian readjustment counseling insofar as practicable; assistance in the filing of VA claims; arrangement for dependent travel and shipment of household effects; forwarding applicable records and accounts to the member's new commanding officer in paragraph (2) below, who becomes responsible for all administrative matters; and signature on the DD 214.

(b) Navy Members. Immediately prior to transfer of active duty Navy enlisted members, the transferring activity CO shall prepare and give to each member to be transferred, written instructions in the format of appendix A.

(2) New Commanding Officer. The commanding officer of the new command shall establish liaison with the VA facility or VA designated community nursing home to ensure notification of the member's time of arrival and admission. Such a member's new CO becomes:

(a) Navy. The CO of the nonmedical command nearest the point of treatment that has an "others" account. The PERSUPPDET serving the area in which the designated VA facility or community nursing home is located shall provide personnel administrative support services including contacting the member (preferably in person, if not, by the most expeditious means) and instituting appropriate counseling and assistance programs. Additionally, contact should be made with the member's NOK regarding retirement procedures and benefits available, after retirement, for the member and the member's dependents. Patients shall be carried on the personnel diary of the designated command in a 372 accounting category (TEM DU under treatment in a nonmilitary treatment facility).

(b) Marine Corps. The CO of the activity designated in reference (o). This administrative support activity shall provide or arrange for the provision of the appropriate services enumerated in paragraph 6d(2)(a).

(3) Enlisted Transfer Orders. The transferring activity shall forward one copy of all enlisted transfer orders issued under the authority of this instruction to the director of the VA facility or VA designated community nursing home, and to the new CO enumerated in paragraph 6d(2). Forward two copies to COMNAVMIL PERSCOM (NMPC-24/23) for Navy personnel. If action is taken per

section 1504 of reference (h), forward a copy of the transfer order to the Assistant Judge Advocate General (Civil Law), Office of the Judge Advocate General, Washington, DC 20370, Attn: Code 120B.

7. Recovered Patients. Should the director of the VA facility or community nursing home advise the member's new CO, prior to discharge or retirement of the member from active duty, that further hospitalization or further care in a community nursing home is not required, the following actions shall be taken:

a. Navy Officers. The CO designated in paragraph 6d(2)(a) shall request orders from COMNAVMILPERSCOM (NMPC-474) and provide a copy of the request to NMPC-23. Per reference (p), the request should state whether the officer desires home-awaiting-orders status.

b. Navy Enlisted. The CO designated in paragraph 6d(2)(a) may place an enlisted member in a home-awaiting-orders status per reference (p). Should the member not desire home-awaiting-orders status, the CO shall utilize the member's services to the maximum extent possible.

c. Marine Corps Members. The CO designated in paragraph 6d(2)(b) shall request orders from CMC, Code MMEA for enlisted members and Code MMOA for officers.

8. Disability Retired Members. Under section 5 of Executive Order (EO) 10122 as amended by EO 10400 and further amended by EO 11733, "All duties, powers, and functions incident to the hospitalization of members or former members of the uniformed services placed on the temporary disability retired list or permanently retired for physical disability or receiving disability retirement pay who require hospitalization for chronic diseases shall be vested in the Administrator of Veterans' Affairs:...." The EO further states that "...for the purpose of this order, the term 'chronic disease' shall be construed to include chronic arthritis, malignancy, psychiatric or neuropsychiatric disorder, neurological disabilities, poliomyelitis with disability residuals and degenerative diseases of the nervous system, severe injuries to the nervous system including quadriplegics, hemiplegics and paraplegics, tuberculosis, blindness and deafness requiring definitive rehabilitation, major amputees, and such other diseases as may be defined by the Secretary of Defense, the Administrator of Veterans' Affairs, and the Secretary of Health, Education, and Welfare...." Those members who have been retired for physical disability (including those on the TDRL), who are in an inactive status, and who require treatment for such chronic diseases do not qualify for the options outlined in paragraph 9 and thus will be transferred to a VA facility. A VA Form 10-10, Application for Medical Benefits, will be submitted to the desired VA facility.

9. Optional Naval or VA Hospitalization. Hospitalization in VA facilities or continued hospitalization in naval MTFs is contingent upon the member's establishing entitlement and eligibility for hospitalization under appropriate laws and regulations governing such facilities.

a. Members of the naval service who (1) have been permanently retired or whose names are carried on the TDRL, (2) are in an inactive duty status, and (3) are eligible for hospitalization in naval MTFs, but prefer and are qualified for hospitalization in a VA facility shall be transferred as so authorized. A VA Form 10-10, Application for Medical Benefits, shall be submitted to the desired VA facility.

b. Members on active duty who (1) are soon to be retired for any reason, (2) will require continued hospitalization following retirement, and (3) will be eligible for such treatment in naval MTFs after retirement, but who prefer to be hospitalized in a VA facility shall be transferred per paragraph 6.

10. Records. Prior to transfer of any patient to the VA, the charge nurse shall make a final entry on the Nursing Notes (Standard Form 510), regarding the presence or absence of decubitus ulcers. The attending physician shall assure that a similar entry is made on the patient's Progress Notes (Standard Form 509).

a. Patients Transferred to a VAMC, SCI Center, or Blind Rehabilitation Center or Clinic. The following applies to the records of all patients transferred to other than VA designated community nursing homes.

(1) Clinical Records and X-ray Films

(a) When an active duty Navy or Marine Corps member, or such a patient in an inactive duty status not hospitalized under VA authority, is transferred from a naval medical activity to a VA facility, a copy of the member's current clinical record, any clinical records received from other sources within the Department of Defense (DOD), x-ray films, copies of all other available health records, and a properly completed and authenticated VA Form 10-10 (Application for Medical Benefits), shall be sent to the receiving VA activity in a Button and String Envelope, VA Form 07-4582. Each envelope shall bear the patient's name, social security number (SSN), VA claim number (C-number) if assigned, and the notation that "This envelope contains original Navy records loaned to the Veterans Administration." When such patients are to be transferred via the aeromedical evacuation system, this envelope shall be given to the flight nurse. Records of patients being transferred by all other means will be carried by an attendant, if one is assigned; otherwise, the patient will carry only the VA Form 10-10. In the

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latter instance, forward other records and films via registered mail prior to departure of the patient.

(b) At the time of transfer, the transferring activity shall insert locator cards in both its clinical and x-ray files. The card must list the patient's name, SSN, C-number if assigned, and the name of the VA facility to which the records were transferred. Make an entry on the white (patient administration office or patient record office) copy of the NAVMED 6300/5, Inpatient Admission/Disposition Record, showing the medical activity to which the records have been sent.

(2) Health Records

(a) When members will arrive at a VA facility for further treatment while still on active duty (or immediately prior to retirement or discharge), the original Health Record, to include a Narrative Summary (SF 502) of the latest care rendered, shall be forwarded to the member's new CO as enumerated in paragraph 6d(2). In lieu of completing a VA Form 10-10m, Medical Certificate and History, include a photocopy of the entire Health Record with the clinical records and x-ray films forwarded to the VA facility.

(b) When members are retired and in an inactive status, health records (for Marine Corps members, a copy thereof) may be obtained by the VA from the National Personnel Records Center (MPR) 9700 Page Boulevard, St Louis, MO 63132, except TDRL records which are retained by the Naval Reserve Personnel Center, 4400 Dauphine Street, New Orleans, LA 70149 or Commandant of the Marine Corps (Code MSRB), Washington, DC 20380 for their respective members.

(3) Receipt for Records and Patient's Property (DD Form 675). Health records and x-ray films of patients being transferred to VA facilities shall be accompanied by a DD Form 675. Complete this form in triplicate: the original and one copy shall accompany the records and films and the remaining copy shall be retained by the transferring naval MTF. The original will ultimately be signed by the responsible official of the receiving VA facility and returned to the naval MTF of origin. Upon receipt at the naval MTF, the DD Form 675 shall be filed with that patient's NAVMED 6300/5, Inpatient Admission/Disposition Record.

b. Patient Transferred to VA Designated Community Nursing Homes. The following applies to records of all patients being transferred to VA designated community nursing homes:

(1) The provisions of paragraphs 10a(1)(a) and (b) apply except that, in lieu of a VA Form 10-10, a VA Form 10-1204, Referral for Community Nursing Home Care, and a summary of the patient's condition shall accompany the patient. The remaining records shall

be sent, via registered mail, to the VA medical facility designated in the message received from ASMRO.

(2) Under no circumstances will clinical or other records (except summary of patient's condition and the VA Form 10-1204) be forwarded by a naval MTF to a VA designated community nursing home.

11. Disposition of Naval Records. Naval health records, including x-ray films furnished the VA, are provided on a loan basis. When requested, these records are to be forwarded by the holding VA facility to the uniformed services activity requesting them or shall be held for disposition per the following:

a. Returned to Duty. Upon discharge by a VA facility or by a VA designated community nursing home for return to duty of Navy or Marine Corps members, naval clinical records and x-ray films will be returned to the naval medical activity from which the member was initially received, for inclusion again in the clinical and x-ray files from which removed. A photocopy of the Health Record should be retained by the VA for inclusion in the member's VA claim folder. A VA Form 10-10m, Medical Certificate and History, covering the services rendered by VA will be forwarded to the member's CO for incorporation in the Health Record. The latter, together with the member's service record and pay accounts, shall then be forwarded to the member's next duty station.

b. Retired (Permanent or Temporary), Released From Active Duty (RAD)/Discharged. When a naval member is retired, discharged, or released to inactive duty while receiving care at a VA facility or VA designated community nursing home, the following applies:

(1) No Claim for VA Compensation, Hospitalization, or Out-patient Treatment Executed at Retirement/RAD. When there are no claims for VA benefits executed at time of retirement/RAD, the VA facility holding the patient's records will follow the procedures in paragraph 11a, except the Health Record shall be closed and transmitted with the member's service record.

(2) Claim for VA Benefits Executed. When a claim is executed for VA benefits at time of retirement/RAD:

(a) Within 48 hours, or as soon thereafter as possible, the appropriate copy of the completed DD Form 214, Certificate of Release or Discharge from Active Duty, shall be forwarded, by the installation retiring or separating the member, to the VA facility holding the patient's records. Per current instructions for preparation of the DD Form 214, an entry shall be made in block 24, Disability Severance Pay, showing whether such pay is authorized and, if appropriate, the amount paid.

(b) All naval clinical records transferred with the patient to the VA and clinical records developed by the VA up to and including the retirement/RAD will be sent, together with the No. 4 copy of the DD Form 214 and VA Form 21-526 (Veterans Application for Compensation or Pension), to the VA regional office having jurisdiction. X-ray films will be retained by the VA facility in which the member was provided care. The VA facility will send a VA Form 10-10m, Medical Certificate and History, to the individual's CO, together with a letter of transmittal stating a VA claim has been filed and designating the VA regional office of jurisdiction.

(c) Upon receipt, the individual's CO shall have the VA Form 10-10m incorporated in the Health Record and the Health Record closed and handled as in paragraph 11b(1).

c. Death of Active Duty Members Hospitalized in VA Facilities or in VA Designated Community Nursing Homes. When a naval member on active duty dies while hospitalized at a VA facility or at a VA designated community nursing home, the following applies:

(1) No Claim for VA Compensation Filed by Dependent. When no claim for VA benefits is executed at time of death by a dependent, the VA facility holding the patient's records will follow the same procedure as described in paragraph 11a for disposition of naval records. The member's CO shall obtain a copy of the certificate of death and ensure that it, along with the VA Form 10-10m, is incorporated into the Health Record. The latter shall then be closed and handled as in paragraph 11b(1).

(2) Claim for VA Benefits Filed by Dependent

(a) When a dependent executes a claim for VA benefits at the time of death, all naval clinical records transferred to the VA will be sent, together with applicable VA Form 21-534 (Application for Dependency and Indemnity Compensation by Widow or Child), and/or VA Form 21-535 (Application for Dependency and Indemnity Compensation by Parent), to the VA regional office of jurisdiction. The x-ray films will be retained by the VA facility or VA designated community nursing home in which the patient was receiving care. That facility will send a VA Form 10-10m to the member's CO, together with a letter of transmittal stating that a claim has been filed by the dependent(s) and requesting that a complete Health Record be sent to the VA regional office of jurisdiction.

(b) Upon receipt, the member's CO shall have the VA Form 10-10m, together with a copy of the certificate of death, incorporated in the Health Record. The latter shall then be closed and handled as in paragraph 11b(1).

d. Transferred for Hospitalization by VA Following Temporary Retirement. The VA will insert a copy of VA Form 10-10m in each individual's Health Record jacket who, following temporary retirement, is transferred by a naval MTF for hospitalization in a VA facility or VA designated community nursing home. This information is necessary in reevaluation of the member.

VETERANS ADMINISTRATION SPINAL CORD INJURY CENTERS

In corresponding with the following facilities, the address should include "Chief, Spinal Cord Injury Service, VA Medical Center" at the addresses listed.

Augusta, GA - 60 Beds

Augusta, GA 30904
(404) 724-5116

Bronx, NY - 80 Beds

130 West Kingsbridge Road
Bronx, NY 10468
(212) 584-9000

Castle Point, NY - 60 Beds

Castle Point, NY 12511
(914) 831-2000

Cleveland, OH - 80 Beds

10701 East Boulevard
Cleveland, OH 44106
(216) 791-3800

East Orange, NJ - 35 Beds

379 Tremont Avenue
East Orange, NJ 07018
(201) 676-1000

Hampton, VA - 64 Beds

Hampton, VA 23667
(804) 722-9961

Hines, IL - 160 Beds*

Hines, IL 60141
(312) 343-7200

Houston, TX - 22 Beds

2002 Holcombe Boulevard
Houston, TX 77031
(713) 795-4411

Long Beach, CA - 197 Beds*

5901 East Seventh Street
Long Beach, CA 90822
(213) 498-1313

Memphis, TN - 160 Beds

1030 Jefferson Avenue
Memphis, TN 38104
(901) 523-8990

Miami, FL - 35 Beds

1201 Northwest 16th Street
Miami, FL 33125
(305) 324-4455

Palo Alto, CA - 30 Beds*

3801 Miranda Avenue
Palo Alto, CA 94304
(415) 493-5000

Richmond, VA - 161 Beds*

1201 Broad Rock Road
Richmond, VA 23249
(804) 230-0001

San Juan, PR - 20 Beds

San Juan, PR 00936
(809) 758-7575

St Louis, MO - 25 Beds

St Louis, MO 63125
(314) 487-0400

Tampa, FL - 42 Beds

13000 North 30th Street
Tampa, FL 33612
(813) 972-2000

West Roxbury, MA - 100 Beds

1400 Veterans of Foreign Wars
Parkway
West Roxbury, MA 02132
(617) 323-7700

Wood, WI - 56 Beds*

5000 West National Avenue
Wood, WI 53193
(414) 384-2000

Sepulveda, CA - SCI Outpatient Clinic

Sepulveda, CA 91343
(213) 960-9425

*These SCI centers have the capability of providing the most comprehensive early rehabilitation. ASMRO will recommend one of these centers based upon the patient's place of residence. If the recommended center is unable to accept the patient, the SCI center next closest to the patient's selected place of residence will be recommended.

GEOGRAPHIC NAVAL MEDICAL REGIONS AND AREAS OF RESPONSIBILITY

Geographic Regions

Area of Responsibility

Northeast Region

Mailing Address:

Commander
Naval Medical Command
Northeast Region
Great Lakes, IL 60088-5203

Message Address:

NAVMEDCOM NEREG GREAT LAKES IL

Connecticut, Delaware,
Illinois, Indiana, Iowa,
Kentucky, Maine, Massachu-
setts, Michigan, Minnesota,
Missouri, New Hampshire,
New Jersey, New York, Ohio,
Pennsylvania, Rhode Island,
Vermont, Wisconsin, and
Newfoundland

National Capital Region

Mailing Address:

Commander
Naval Medical Command
National Capital Region
Bethesda, MD 20814-5000

Message Address:

NAVMEDCOM NATCAPREG BETHESDA MD

District of Columbia, Mary-
land, West Virginia, and the
northern Virginia counties
of Arlington, Fairfax,
Prince William, and Loudoun
and the Virginia cities of
Alexandria and Falls Church

Mid-Atlantic Region

Mailing Address:

Commander
Naval Medical Command
Mid-Atlantic Region
6500 Hampton Boulevard
Norfolk, VA 23508-1297

Message Address:

NAVMEDCOM MIDLANTREG NORFOLK VA

Bermuda, Cuba, North Carol-
ina, Puerto Rico, South
Carolina and all counties
and cities of Virginia
except those under the
jurisdiction of the National
Capital Region

Southeast Region

Mailing Address:

Commander
Naval Medical Command
Southeast Region
Jacksonville, FL 32214-5222

Message Address:

NAVMEDCOM SEREG JACKSONVILLE FL

Alabama, Arkansas, Florida,
Georgia, Louisiana, Mississ-
ippi, Oklahoma, Tennessee,
and Texas

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Geographic Regions

Area of Responsibility

Northwest Region

Mailing Address:

Commander
Naval Medical Command
Northwest Region
Oakland, CA 94627-5025

Message Address:

NAVMEDCOM NWREG OAKLAND CA

Alaska, Colorado, Idaho, Kansas, Montana, Nebraska, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming; the California counties of Inyo, Kings, and Tulare and all other counties of California north thereof except the community of Bridgeport, CA (Marine Corps cold-weather training site); and NAS Fallon, Nevada and its immediate area

Southwest Region

Mailing Address:

Commander
Naval Medical Command
Southwest Region
San Diego, CA 92134-7000

Message Address:

NAVMEDCOM SWREG SAN DIEGO CA

Arizona, and New Mexico; the California counties of Kern, San Bernadino, San Luis Obispo, Santa Barbara, and all other counties of California south thereof; the community of Bridgeport, CA; and Nevada, except for NAS Fallon and its immediate area

European Region

Mailing Address:

Commander
U.S. Naval Medical Command
European Region
P.O. Box 22
FPO New York 09510

Message Address:

NAVMEDCOM EURREG LONDON UK

Europe, Greece, Italy, Spain, the United Kingdom, and the Middle East

Pacific Region

Mailing Address:

Commander
Naval Medical Command
Pacific Region
Naval Air Station
Barbers Point, HI 96862-5850

Message Address:

NAVMEDCOM PACREG BARBERS PT HI

Australia, Guam, Hawaii, Japan, and the Republic of the Philippines

APPENDIX A

NAVY MEMBER'S WRITTEN INSTRUCTIONS
FOR TRANSFER TO THE VETERANS ADMINISTRATION

To aid and enhance accountability of active duty Navy members, the following written instructions shall be issued by the member's commanding officer prior to transfer of a Navy enlisted member to a Veterans Administration (VA) facility or to a VA designated community nursing home.

"In accordance with chapter 19 of the Enlisted Transfer Manual (TRANSMAN), you have been assigned to _____
(new

commanding officer - include complete address)
for administrative purposes; however, you are hereby
directed to physically report to the _____
(name and

location of VA facility)
on each _____ and _____ not
(day of week) (day of week)
later than _____ hours, for the purpose of making
(time)
administrative liaison with that activity as well as _____
_____.
(medical reasons, if any)

If you are physically unable to report to _____
(name of
_____, a hospital visitation
VA facility)
program will be instituted to relieve you of this responsibility. For further assistance, please contact the Health Benefits Advisor at the _____.

(uniformed services facility)
If liaison cannot be made, contact _____
(office of medical

_____.
affairs - include address and telephone number)

Failure to comply with this directive can and may result in disciplinary action."

Signature of Commanding Officer